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000324 7590 04/26/2004

CIBA SPECIALTY CHEMICALS CORPORATION
 PATENT DEPARTMENT
 540 WHITE PLAINS RD
 P O BOX 2005
 TARRYTOWN, NY 10591-9005

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Andrea DeCecchis (Depositor's name)

Andrea DeCecchis (Signature)

June 2, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/319,566	08/09/1999	HANS-JURGEN HANSEN	27656/35739	3274

TITLE OF INVENTION: DOUBLE-BOND SHIFTS OF SUBSTITUTED (4N)-ANNULENES FOR INFORMATION STORAGE AND DATA PROCESSING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	07/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ANGEBRANNDT, MARTIN J	1756	430-270150

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 JoAnn Villamizar

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Reel: 010312

Frame: 0695

Rec: 10/18/99

Ciba Specialty Chemicals Corporation Tarrytown, N.Y.

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 4

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1935 (enclose an extra copy of this form).

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JoAnn Villamizar 6/2/04

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01 FC:1501

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